

Newton Department of Senior Services Volunteer Application

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip Code: _____

Date of birth: _____ Email Address: _____

How did you hear about volunteer opportunities with Senior Services?

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone number: _____ Work Number: _____

Cell Phone: _____

Reference: (Someone other than a relative)

Name: _____ Relationship: _____

Best telephone number to reach this person: _____ Cell/Office/Home

Previous Volunteer Experience:

Please list your previous volunteer experience, including dates, duration, position, and agency/organization.

VOLUNTEER OPPORTUNITIES: Listed below are samplings of areas in which volunteers are utilized. Please indicate any areas which may be of interest. Some of these positions may not be available at this time. You will be contacted by the Program Coordinator as these positions become available.

Program Aides: ____ Check-in ____ Computer Instructor ____ Group Leader/Facilitator

Staff Support: ____ Office support ____ Reception Desk ____ Special Projects ____ Data Entry

Volunteer Programs: ____ Gift Shop ____ Programming Committee ____ LGBT Program planning

____ Friendly Visitor ____ Friendly Caller ____ Art Instructor ____ Gardening

Nutrition Volunteers (Springwell) ____ Kitchen Assistant

Social Service Volunteer: ____ SHINE Counselor ____ AARP Tax Aide

Skills or Experience (Please Check All that Apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Event Planning/Fundraising | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Filing/Office Work | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Sewing/Knitting/Crochet |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Gardening | |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Languages (<i>Please List</i>) | |
| | _____ | |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Library Maintenance | _____ |
| <input type="checkbox"/> Drawing/Painting/Crafts | <input type="checkbox"/> Music | |

Do you have any interests or hobbies that you would like share as a volunteer?

Availability:

What time of day would you prefer to volunteer?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Early Evening |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> No Preference |

What days are you are available to volunteer? (*Please check all that apply*)

- | | | |
|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday |

How often would you like to volunteer? (*Please check all that apply*)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> 2 -3 times per week | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Once a month | |

In accordance with Mass general laws, all volunteers must complete a CORI background check (criminal) before beginning their volunteer work.

I understand this form will be kept on file and I will be called when one of the above indicated areas has an opening. Your signature represents an interest in our program, not necessarily a commitment on your part.

Signature: _____ Date: _____

Staff Notes: